



Attorney's Docket No. 2942B/R

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
 ☐ design
 ☐ supplemental
☐ divisional
 ☐ continuation
 ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

PARTIALLY DEHYDRATED REACTION PRODUCTION, PROCESS FOR MAKING
SAME, AND EMULSION CONTAINING SAME

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a) or (b))*

(a) ☐ is attached hereto.

(b) ☒ was filed on January 24, 2000 as ☐ Serial No. 0 / _____
or ☒ Express Mail No. EJ887878564US, as Serial No. 0 / _____ and
was amended on _____ *(if applicable)*.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David M. Shold, 31,664
Samuel B. Laferty, 31,537
Beverly A. Pawlikowski, 36,404
Neil A. DuChez, 26,725

Michael F. Esposito, 29,506
Joseph P. Fischer, 31,758
James L. Cordek, 31,807

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

Neil A. Duchez
(216) 621-1113.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Brian B. Filippini
Brian B. Filippini
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Brian B. Filippini
Date 2/3/2000 Country of Citizenship USA
Residence Mentor, Ohio 44060

Post Office Address 5800 South Winds Drive, Mentor, Ohio 44060

Full name of second joint inventor, if any Richard M. Lange
Richard M. Lange
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Richard M. Lange
Date 2/3/2000 Country of Citizenship USA
Residence Euclid, Ohio 44124

Post Office Address 155 E. 207th Street, Euclid, Ohio 44124

Full name of third joint inventor, if any Bryan A. Grisso
Bryan A. Grisso
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Bryan A. Grisso
Date 2/3/2000 Country of Citizenship USA
Residence Wickliffe, Ohio 44092

Post Office Address 744 Brynmawr Avenue, Wickliffe, Ohio 44092

Full name of fourth joint inventor, if any Bryn Hird
Bryn Hird
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature _____
Date _____ Country of Citizenship Great Britain
Residence Cincinnati, Ohio 45247

Post Office Address 8519 Eagle Creek, Cincinnati, Ohio 45247

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART
OF THIS DECLARATION

☐ Signature for fifth and subsequent joint inventors. Number of pages added
_____.

Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application or for claiming priority from a provisional application.

☐ Number of pages added _____.

☒ This declaration ends with this page



PATENT

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(Given Name) (Middle Initial or Name) Family (or Last Name)

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(Given Name) (Middle Initial or Name) Family (or Last Name)

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Date _____ Country of Citizenship USA
Residence Wickliffe, Ohio 44092

Post Office Address 744 Brynmawr Avenue, Wickliffe, Ohio 44092

Full name of fourth joint inventor, if any Bryn Hird
Bryn BH. 02/04/2000 Hird
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Bryn Hird
Date _____ Country of Citizenship Great Britain
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